



*The Commonwealth of Massachusetts*  
*Department of Fire Services*  
*Office of the State Fire Marshal*



**FP-101**  
Revenue Code: 617  
(Rev. 1.2018)

*Post Office Box 1025, Stow, Massachusetts 01775*  
*(978) 567-3300 Fax: (978) 567-3199*

## Application for Construction and Installation

of a tank in excess of 10,000 gallon gross capacity, for aboveground storage of fluids other than water.

One tank per application, unless the additional tank(s) are identical, contain the identical fluid and are in a close proximity as the one listed on the application. When approved, this application becomes the permit to construct or install the tank. When the tank has been built, tested and approved, a permit for its use will be issued. See page 2 of 2 of this application for the submittal requirements. For tank maintenance, as defined in 502 CMR 5.00, use the Application for Maintenance.

Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

Business (mailing) address: \_\_\_\_\_

Address (or location) of tank: \_\_\_\_\_

Business contact name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Description of tank: \_\_\_\_\_

Manufacturer of the tank: \_\_\_\_\_

Manufacturer address: \_\_\_\_\_

☐ New tank ☐ Used tank (additional information will be required)

Tank constructed/manufactured according to: ☐ A.P.I. ☐ A.S.M.E. ☐ U.L. ☐ Other: \_\_\_\_\_

Tank construction standard: \_\_\_\_\_ Tank gross capacity: \_\_\_\_\_ Tank nominal capacity: \_\_\_\_\_

Material specification for roof: \_\_\_\_\_ Shell: \_\_\_\_\_ Bottom: \_\_\_\_\_

Types of joints: \_\_\_\_\_

Welding rod number: \_\_\_\_\_ Has welding procedure been submitted: ☐ Yes ☐ No

Thickness of shell rings and number of rings: \_\_\_\_\_ Tensile strength: \_\_\_\_\_

Thickness: Roof: \_\_\_\_\_ Bottom: \_\_\_\_\_ Tensile strength: \_\_\_\_\_

☐ Horizontal tank Diameter (feet): \_\_\_\_\_ Length (feet): \_\_\_\_\_

☐ Vertical tank Diameter (feet): \_\_\_\_\_ Height (feet): \_\_\_\_\_

Fluid to be stored in tank: \_\_\_\_\_ Flash point (°F): \_\_\_\_\_

Compartmented tank? ☐ Yes, number of compartments and capacities: \_\_\_\_\_ ☐ No

Is this tank located in a vault? ☐ Yes ☐ No Secondary containment tank (doublewall tank)? ☐ Yes ☐ No

Retaining basin (dike) provided? ☐ Yes, net capacity of dike: \_\_\_\_\_ ☐ No

**Office use only**

Fee Paid: \_\_\_\_\_ Date received: \_\_\_\_\_ Date entered: \_\_\_\_\_ Entered by: \_\_\_\_\_

Description of retaining basin (dike): ☐ Metal ☐ Clay ☐ Reinforced concrete ☐ Other  
If "Other" describe the retaining basin (dike) on a separate page.

Name of applicant or applicant's agent: \_\_\_\_\_

Check one: ☐ Owner ☐ Owner's rep. ☐ Operator ☐ Installer ☐ Engineer ☐ Other:

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

By signing below, I certify that to the best of my knowledge, the tank, its installation and ancillary equipment were designed to meet all the provisions of 527 CMR 1.00, 502 CMR 5.00, any other applicable standard and in accordance with good engineering practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has a license been issued by the local authority (M.G.L. c. 148 §13), if applicable? ☐ Yes ☐ No ☐ Not required

Licensing authority: \_\_\_\_\_ Local authority signature: \_\_\_\_\_

Has the local fire department been consulted about a flammable/combustible liquids permit (M.G.L. c. 148 § 10A & 23)?:

☐ Yes ☐ No ☐ Not required - Local Fire Chief (or designee) signature: \_\_\_\_\_

Any Fire Chief comments? ☐ No ☐ Yes, please put comments on a separate page. Number of separate pages: \_\_\_\_\_

Permit to construct or install contingent on the attached notes:

Issue date: \_\_\_\_\_



APPROVED: \_\_\_\_\_  
State Fire Marshal or designee

Tank #: \_\_\_\_\_

The subject tank work shall commence within six months from the date the permit was issued and must be completed within one year of commencement. If the work has not started or completed during the stated time period the permit shall be deemed expired and a new permit shall be required unless a written extension is granted by the Marshal.

Submittal Requirements - Please remember to include all of the following and mail to Office of the State Fire Marshal, Technical Services, P.O. Box 1025, Stow, MA 01775, Attention: AST Program.

- ☐ FEE - \$100.00 per tank up to 100,000 gallon capacity. An additional fee of one dollar per 1,000 gallons shall be paid for tanks greater than 100,000 gallons capacity.

The following must be submitted in triplicate (an original and two copies are acceptable):

- ☐ Application for Construction and Installation. One tank per application, unless the additional tank(s) are identical, contain the identical fluid and are in a close proximity as the one listed on the application.
- ☐ Plans. See 502 CMR 5.04 (2)(a) through (f). 502 CMR can be obtained from the State House Bookstore, Room 116, State House, Boston, MA 02133, (617) 727-2834. All plans must be stamped and signed by a professional engineer duly registered in the Commonwealth.
- ☐ If the tank is pre-assembled, the manufacturers drawings and literature. All drawings must be stamped and signed by a professional engineer duly registered in the Commonwealth.
- ☐ Material safety data sheet (MSDS) for the product being stored in the tank.

Note: Plans submitted without the proper information and returned or otherwise disapproved, will require a reapplication fee.